

DATE	FAMILY MEMBER	PROFESSIONAL SERVICE	CHARGE	PAYMENTS	NEW BALANCE	PREVIOUS BALANCE	NAME
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IS TREATMENT THE RESULT OF ACCIDENT/INJURY?		Yes	Date	No	FIRST VISIT DATE		
Accident?		<input type="checkbox"/>	_____	<input type="checkbox"/>	CURRENT SERIES		
Occupational illness/injury?		<input type="checkbox"/>	_____	<input type="checkbox"/>			
Auto accident?		<input type="checkbox"/>	_____	<input type="checkbox"/>			
ARE ANY SERVICES COVERED BY ANOTHER PLAN?		Yes	No	COMPANY NAME AND ADDRESS			
PLACE OF TREATMENT		Yes	No	REASON		DATE OF PRIOR PLACEMENT	
OFFICE	HOSP.	ECF	OTHER	IF PROSTHESIS, IS THIS INITIAL PLACEMENT?		IF NO, ENTER REASON FOR REPLACEMENT.	
RADIOGRAPHS OR MODELS ENCLOSED?		Yes	No	HOW MANY?	IS TREATMENT FOR ORTHODONTICS?		Yes No
					IF SERVICES ALREADY COMMENCED ENTER	DATE APPLIANCES PLACED	MOS. TREATMENT REMAINING


<input type="checkbox"/> INITIAL PAYMENT	DATE	AMOUNT
<input type="checkbox"/> MONTHLY		
<input type="checkbox"/> QUARTERLY		
<input type="checkbox"/> OTHER PAYMENT PLAN		

DENTIST'S STATEMENT: I HEREBY CERTIFY THAT THE SERVICES LISTED HAVE BEEN PROVIDED BY ME.

DENTIST'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby authorize C. Edwin Wentz to furnish information to insurance carriers concerning this exam or treatment. I understand that I am financially responsible for all charges whether or not covered by insurance.

Signed (Insured Person) \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_

AUTHORIZATION TO PAY BENEFITS TO DENTIST: I hereby authorize payment directly to the undersigned Dentist of Dental Benefits, if any, otherwise payable to me for his service as described above.

Signed Patient, or Parent if Minor \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_

This is a Pro-Treatment Estimate     Statement of Actual Services

Circled fees are for service performed

- 1. DIAGNOSTIC**  
**Clinical Oral Examinations**
- 00110 Initial Oral Examination
  - 00120 Periodic oral examination
  - 00130 Emergency oral examination
  - 00290 Posterior-anterior or lateral skull and facial bone survey film
  - 00330 Panoramic film
  - 00340 Cephalometric film
  - 00470 Diagnostic casts
  - 00471 Diagnostic photographs

- 2. PREVENTATIVE**
- 01330 Oral hygiene instruction
- Space maintenance (passive appliances)**
- 01510 Space maintainer-fixed-unilateral
  - 01515 Space maintainer-fixed-bilateral
  - 01520 Space maintainer-removable-unilateral
  - 01525 Space maintainer-removable-bilateral
  - 01550 Recommendation of space maintainer

- 3. PERIODONTICS**
- 04321 Provisional splinting-extracoronaral

- 4. PROSTHODONTICS (removeable)**
- 05820 Temporary partial-stayplate denture (upper)
  - 05821 Temporary partial-stayplate denture (lower)


- 5. MAXILLOFACIAL PROSTHETICS**  
**Intraoral prostheses-acquired defects**
- 05932 Postsurgical obturator
  - 05933 Refitting of obturator
- Intraoral prostheses-congenital defects**
- 05951 Feeding Aid
  - 05952 Podiatric speech aid
  - 05953 Adult speech aid
  - 05954 Superimposed prosthesis

- 05955 Palatal lift prosthesis
  - 05956 Obturator
  - 05957 Speech bulb
- Treatment prostheses**
- 05982 Surgical stent

- 6. ORAL SURGERY**  
**Reduction of dislocation and management of other temporomandibular joint dysfunctions**
- 07810 Open reduction of dislocation
  - 07820 Closed reduction of dislocation
  - 07880 Occlusal orthotic appliance

- 7. ORTHODONTICS**  
**Minor treatment for tooth guidance**
- 08110 Removable appliance therapy
  - 08120 Fixed appliance therapy
- Minor treatment to control harmful habits**
- 08210 Removable appliance therapy
  - 08220 Fixed appliance therapy
- Interceptive orthodontic treatment**
- 08360 Removable appliance therapy
  - 08370 Fixed appliance therapy
- Comprehensive orthodontic treatment-transitional dentition**
- 08460 Class I malocclusion
  - 08470 Class II malocclusion
  - 08480 Class III malocclusion
- Comprehensive orthodontic treatment-permanent dentition**
- 08560 Class I malocclusion
  - 08570 Class II malocclusion
  - 08580 Class III malocclusion
- Other orthodontic devices**
- 08650 Treatment of the atypical or extended skeletal case
  - 08750 Posttreatment stabilization
  - 08999 Unspecified orthodontic procedure, by report

Member  
American Association of  
**Orthodontists**



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